



GENERAL ASSEMBLY

COMMONWEALTH OF KENTUCKY

2012 REGULAR SESSION

SENATE BILL NO. 114

WEDNESDAY, FEBRUARY 15, 2012

The following bill was reported to the House from the Senate and ordered to be printed.

RECEIVED AND FILED
DATE June 11, 2012
5:53 p.m.
ALISON LUNDERGAN GRIMES
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
BY Mary Sue Helm

1 AN ACT relating to step therapy.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔ SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304
4 IS CREATED TO READ AS FOLLOWS:

5 (1) As used in this section, unless the context requires otherwise:

6 (a) "Step therapy" means a protocol that establishes the specific sequence in
7 which prescription drugs for a specified medical condition and medically
8 appropriate for a particular patient are to be prescribed;

9 (b) "Fail-first protocol" has the same meaning as step therapy in paragraph (a)
10 of this subsection;

11 (c) "Override of the restriction" means the permission to deviate from the
12 required sequence by prescribing another drug that is medically necessary;
13 and

14 (d) "Insurer" has the same meaning as in KRS 304.17A-005.

15 (2) When medications for the treatment of any medical condition are restricted for
16 use by an insurer or a pharmacy benefit manager by a step therapy or fail-first
17 protocol, the prescribing practitioner shall have access to a clear and convenient
18 process to request an override of the restriction from the insurer. An override of
19 that restriction shall be granted by the insurer or the pharmacy benefit manager
20 within forty-eight (48) hours, if all necessary information to perform the override
21 review has been provided, under the following documented circumstances:

22 (a) The prescribing practitioner can demonstrate, based on sound clinical
23 evidence, that the preferred treatment required under step therapy or fail-
24 first protocol has been ineffective in the treatment of the insured's disease
25 or medical condition; or


26 (b) Based on sound clinical evidence or medical and scientific evidence:

27 1. The prescribing practitioner can demonstrate that the preferred

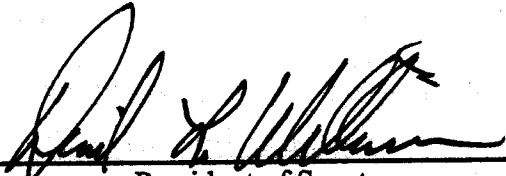
1 treatment required under the step therapy or fail-first protocol is
2 expected or likely to be ineffective based on the known relevant
3 physical or mental characteristics of the insured and known
4 characteristics of the drug regimen; or

5 2. The prescribing practitioner can demonstrate that the preferred
6 treatment required under the step therapy or fail-first protocol will
7 cause or will likely cause an adverse reaction or other physical harm
8 to the insured.

9 (3) The duration of any step therapy or fail-first protocol shall not be longer than a
10 period of thirty (30) days if the treatment is deemed and documented as clinically
11 ineffective by the prescribing practitioner. When the prescribing practitioner can
12 demonstrate, through sound clinical evidence, that the originally prescribed
13 medication is likely to require more than thirty (30) days to provide any relief or
14 an amelioration to the insured, the step therapy or fail-first protocol may be
15 extended up to seven (7) additional days.



51-11-4



President of Senate



Speaker House of Representatives

Attest: 

Chief Clerk of Senate

Approved 

Governor

Date 4-11-12